			ecember 8, LED - PART				049	ري ا
			Ceo - PAHI Zolumn 1)	(Column 2)	SMAL	LENTITY	ď	THER TH
TOTAL CLAIMS					TYPE		OR SM	ALL ENT
FOR		· MI	MBER FILED	NUMBER EXT	RAT			TE F
TOTAL CHARGEABLE CLAIMS		MS	minus 20=		N BASIC	FEE 150.00	OR BASI	FEE 300
INDEPENDENT CLAIMS			= C aunim		X\$ 2!	i=	OR XS	0=
MILITIPLE DEPENDENT CLAIM PF		UM PRESEI	AL HIMINS 3 E		. X100	2	OR X20	0=
					+180:		-	
If the difference in column 1 is is			an zero, enter	"0" in column 2	TOTAL		OR +36	
2-26-	CLAIMS A	S AMEN	DED - PART	ru .	10(74	-	OR TOT	· •
	(Column CUAIMS		(Colum		3) SMALI	LENTITY	HTO Dr Sma	IER THAN
	REMAININ	· 1	NUMB PREVIO	EA DOCCE		ADDI:		ADE
Total	AMENDME	Minus	PAIDF	OR	- MIE	TIONAL	RATI	TION
Total Independe	m . 3.	Minus	- 3	2	X\$ 25=		OR X\$50	
FIRST PA	SENTATION OF	MULTIPLE	DEPENDENT	IAM /FT	X100=		X200	
• •					+160=		" 	
٠	:				TOTAL		+360=	·
-	Column 1	1	(Column Highes	2) (Column :	ADOIT, FEE	·	ADDIT. FE	
• .	REMAINING		. MUMBE PREVIOUS	PRESENT		ADDI-		ADDI
Total .	AMENDMEN		PAID FO	R EXTRA	RATE	TIONAL FEE	PATE	TIONA
Independent		Minus Minus		=	X\$ 25=	Of	X\$50=	FEE
FIRSTPRES	ENTATION OF N	MULTIPLE	PPENDENTO	ANA (5)	X100=			
		***************************************	- Chochice	Aum]	OF	X200=	
		•	-	•	+180a	OR		
	(Column 1)		(Column 2	(Column 3)	ADDIT. FEE	OR	ADDIT, FEE	
	REMAINING		HIGHEST NUMBER	PRESENT] [100		
	AFTER AMENDMENT		PREVIOUS	Y EXTRA	PATE T	ADDI- IONAL	RATE	ADDI-
	•	Minus	**			FEE		TIONAL
A(O)		7	† 		X\$ 25=	OA	X\$50=	
dependent	•	Minus	•					
dependent	* ENTATION OF MI	ULTIPLE DE	PENDENT ÇLA	IM []	X100=	OR	X200-	
dependent RST PRESE		ULTIPLE DE	PENDENT CLA		1100	OR OR	X2003 +3603	• •